

M. ROBERT KESTENBAUM, LLC
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OFFICIAL

TO:	FROM:
Examiner Jack Dinh	M. Robert Kestenbaum
COMPANY:	DATE:
Commissioner for Trademarks	April 14, 2004
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(703) 872-9306	2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
(571) 272-2327	(Z) 00117 P US
RE:	YOUR REFERENCE NUMBER:
Multiply Dependent Claims Payment	10/600,288

NOTES/COMMENTS:

Dear Examiner Dinh:

I enclose herewith PTO-2038 authorizing credit card payment for the Large Entity Multiple Dependencies Fee of \$290 for use in the above-identified application.

Sincerely,

M. Robert Kestenbaum
Reg. No. 20,430

04/15/2004 TL0011 00000006 10600288

01 FC:1203

290.00 OP

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APR 15 2004
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